SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 202 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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or for commercial purposes, other than using the	e name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2600.00	Date of Receipt 99 27 2012 Transaction ID : SA11AI.19371 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) 3. Dr. Christopher Zaleski Mailing Address 6804 N. 1st		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	7 17 2012 Transaction ID : SA11AI.18663 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 08 24 2012 Transaction ID : SA11AI.19013 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	<u>_</u>	